

County: Marathon  
CONTINENTAL MANOR  
600 EAST ELM STREET

Facility ID: 2380

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ABBOTSFORD 54405 Phone: (715) 223-2359  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/03): 60  
Total Licensed Bed Capacity (12/31/03): 60  
Number of Residents on 12/31/03: 60

Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 59

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		15.0
Supp. Home Care-Personal Care	No					1 - 4 Years		46.7
Supp. Home Care-Household Services	No	Developmental Disabilities	3.3	Under 65	1.7	More Than 4 Years		15.0
Day Services	No	Mental Illness (Org./Psy)	30.0	65 - 74	11.7			----
Respite Care	Yes	Mental Illness (Other)	3.3	75 - 84	30.0			76.7
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	46.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.7		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	16.7	65 & Over	98.3	-----		
Transportation	No	Cerebrovascular	23.3		-----	RNs		9.4
Referral Service	No	Diabetes	1.7	Gender	%	LPNs		6.8
Other Services	Yes	Respiratory	5.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	10.0	Male	25.0	Aides, & Orderlies		
Mentally Ill	No		----	Female	75.0			34.0
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	2.5	123	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Skilled Care	10	100.0	306	38	95.0	106	0	0.0	0	10	100.0	151	0	0.0	0	0	0.0	0	58	96.7
Intermediate	---	---	---	1	2.5	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		40	100.0		0	0.0		10	100.0		0	0.0		0	0.0		60	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	4.6	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.6	Bathing	0.0	68.3	31.7	60
Other Nursing Homes	10.8	Dressing	23.3	55.0	21.7	60
Acute Care Hospitals	76.9	Transferring	25.0	58.3	16.7	60
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	23.3	56.7	20.0	60
Rehabilitation Hospitals	0.0	Eating	73.3	11.7	15.0	60
Other Locations	3.1	*****				
Total Number of Admissions	65	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	5.0	Receiving Respiratory Care	6.7	
Private Home/No Home Health	15.4	Occ/Freq. Incontinent of Bladder	36.7	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	24.6	Occ/Freq. Incontinent of Bowel	25.0	Receiving Suctioning	0.0	
Other Nursing Homes	1.5			Receiving Ostomy Care	0.0	
Acute Care Hospitals	4.6	Mobility		Receiving Tube Feeding	1.7	
Psych. Hosp.-MR/DD Facilities	1.5	Physically Restrained	0.0	Receiving Mechanically Altered Diets	38.3	
Rehabilitation Hospitals	0.0					
Other Locations	9.2	Skin Care		Other Resident Characteristics		
Deaths	43.1	With Pressure Sores	0.0	Have Advance Directives	80.0	
Total Number of Discharges		With Rashes	3.3	Medications		
(Including Deaths)	65			Receiving Psychoactive Drugs	56.7	

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.3	86.2	1.14	87.1	1.13	88.1	1.12	87.4	1.12
Current Residents from In-County	33.3	78.5	0.42	81.0	0.41	82.1	0.41	76.7	0.43
Admissions from In-County, Still Residing	13.8	17.5	0.79	19.8	0.70	20.1	0.69	19.6	0.70
Admissions/Average Daily Census	110.2	195.4	0.56	158.0	0.70	155.7	0.71	141.3	0.78
Discharges/Average Daily Census	110.2	193.0	0.57	157.4	0.70	155.1	0.71	142.5	0.77
Discharges To Private Residence/Average Daily Census	44.1	87.0	0.51	74.2	0.59	68.7	0.64	61.6	0.72
Residents Receiving Skilled Care	98.3	94.4	1.04	94.6	1.04	94.0	1.05	88.1	1.12
Residents Aged 65 and Older	98.3	92.3	1.07	94.7	1.04	92.0	1.07	87.8	1.12
Title 19 (Medicaid) Funded Residents	66.7	60.6	1.10	57.2	1.17	61.7	1.08	65.9	1.01
Private Pay Funded Residents	16.7	20.9	0.80	28.5	0.58	23.7	0.70	21.0	0.80
Developmentally Disabled Residents	3.3	0.8	4.15	1.3	2.62	1.1	3.01	6.5	0.51
Mentally Ill Residents	33.3	28.7	1.16	33.8	0.99	35.8	0.93	33.6	0.99
General Medical Service Residents	10.0	24.5	0.41	21.6	0.46	23.1	0.43	20.6	0.49
Impaired ADL (Mean)	46.7	49.1	0.95	48.5	0.96	49.5	0.94	49.4	0.94
Psychological Problems	56.7	54.2	1.05	57.1	0.99	58.2	0.97	57.4	0.99
Nursing Care Required (Mean)	6.3	6.8	0.92	6.7	0.93	6.9	0.90	7.3	0.85